

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>m</i>	68904	11/18/99
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date			
Final	Original			
1	03	04	10	03
2	13	26	08	03
3	02	02	03	04
4	✓	✓	✓	✓
5	✓	✓	✓	✓
6	✓	✓	✓	✓
7	✓	✓	✓	✓
8	✓	✓	✓	✓
9	✓	✓	✓	✓
10	✓	✓	✓	✓
11	✓	✓	✓	✓
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Claim	Date			
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If more than 150 claims or 10 actions  
staple additional sheet here

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